

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC		FEC IDENTIFICATION NUMBER ▼ C C00455923
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ATA Internet Marketing Division		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2016
Mailing Address 9625 Surveyor Court Suite 400		Amount 4667.00
City Manassas	State VA	Zip Code 20110
Purpose of Expenditure Email Anti-Hillary Ad (Estimate)	Category/Type 004	Transaction ID : SE.7678 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ATA Internet Marketing Division		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016
Mailing Address 9625 Surveyor Court Suite 400		Amount 4667.00
City Manassas	State VA	Zip Code 20110
Purpose of Expenditure Email Anti-Hillary Ad (Estimate)	Category/Type 004	Transaction ID : SE.7677 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9334.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donna Doe

[Electronically Filed]

Date

MM / DD / YYYY
07 / 18 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
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Form/Schedule: F24N
Transaction ID :

The actual cost of the advertisements cannot be determined until after the ad has run so the cost provided is a good faith estimate of the final cost.

Form/Schedule:
Transaction ID:

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FEDUP POLITICAL ACTION COMMITTEE AKA FEDUP PAC		FEC IDENTIFICATION NUMBER ▼ C C00455923
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ATA Internet Marketing Division		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2016
Mailing Address 9625 Surveyor Court Suite 400		Amount 4666.00
City Manassas	State VA	Zip Code 20110
Purpose of Expenditure Email Anti-Hillary Ad (Estimate)	Category/ Type 004	Transaction ID : SE.7676 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	14000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4666.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	14000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donna Doe

[Electronically Filed]

Date

MM / DD / YYYY
07 / 18 / 2016

Signature